

STOW RECREATION DEPARTMENT SUMMER PROGRAMS REGISTRATION

*Cancellation Policy: You must notify the Stow Recreation Department in writing one week prior to your scheduled session(s) or you will forfeit your payment.

NAME: _____ GRADE: _____ AGE: _____

E-MAIL _____ MALE/FEMALE _____

PARENT/GUARDIAN NAME (If under eighteen) _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL PHONE _____

D.O.B. _____ SHIRT SIZE (Youth sizes) _____

ALLERGIES (PLEASE LIST): _____

MEDICATIONS (PLEASE LIST): _____

SPECIAL ACCOMMODATIONS (IF ANY): _____

DOCTOR TO CALL
IN CASE OF EMERGENCY: _____ PHONE # _____

PEOPLE AUTHORIZED TO PICKUP YOUR CHILD FROM SUMMER PROGRAM. INCLUDE YOURSELF IF APPLICABLE. NO ONE WILL BE ALLOWED TO PICKUP YOUR CHILD UNLESS HIS/HER NAME APPEARS ON THIS LIST. (This list can be updated at Town Hall as needed)

_____	_____
_____	_____
_____	_____

Program Name: _____

Day & Time: _____

Starting Date: _____

The Town of Stow does not provide insurance. Accordingly, parents are urged to ascertain that their own coverage's are sufficient to underwrite the cost of medical care for any injuries, which their child might sustain as a result of participation in our programs. As the parent of the above named child, I agree to indemnify the Town of Stow, it's employees and agents against any claims of bodily injury, death, or property damage which may arise in the course of the Rec. Department's performance of the recreational activities described herein not caused by the Town's negligence or that of its employees or agents. As parent or legal guardian of the above named child, I hereby give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

PARENT SIGNATURE: _____ DATE: _____